

COOL WHITE SMILE – CLIENT QUESTIONNAIRE

Date: _____
Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address (optional): _____
Employer: _____ Occupation: _____
Emergency Contact Person: _____ Relationship: _____
Currently under a physician's care? _____ M.D. Name: _____
Condition: _____

Do you have any of the following conditions?

Allergies: _____
Acid Reflux: _____ Cold Sores: _____ Caps or bonding: _____
False teeth or implants? _____ Hiatus Hernia: _____
Respiratory Issues: _____ Sensitivity Reflux: _____
Are you pregnant? _____ yes _____ no Lactating? _____ yes _____ no
Do you currently have any sores, herpes or cuts on your lip, mouth or gums? _____ yes _____ no
Reason for Appointment? _____
Have you had your teeth whitened previously? By whom: _____? When? _____

What additional treatment/services are you considering?

Acne treatments to eliminate blemishes, etc.? _____ Comfortable Laser Hair Removal? _____ Skin
Rejuvenation to remove sun damage? _____ Botox to reduce frown lines? _____
Juvederm/Radiesse to soften facial folds? _____ Lipotherme to remove fat deposits? _____ Cellulite
treatments for smoother legs? _____
How did you hear about Advanced Laser Medspa? _____
If referred to Advanced Laser Medspa, by whom? _____

You can earn valuable Referral Points each time someone, you refer, receives treatments at Advanced Laser Medspa. NOTE: This appointment entitles you to a FREE Consultation for other Advanced Laser Medspa services, (\$150.00) value.

Name (please print): _____
Client Signature: _____ Date: _____

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